



Alabama Board of Athletic Trainers

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Dry Needling in Alabama – What you need to know:

We're excited to announce the practice of dry needling is now within the scope of practice for athletic trainers in the state of Alabama. This has been three years in the making, so a huge thank you to the members of the Alabama Board of Athletic Trainers (ABAT), Board of Medical Examiners (BME) and the combined Advisory Council! Here is a brief synopsis of what you need to know, and do, before implementing dry needling in your practice.

(1) First identify the proper course. The course must meet all the following:

- BOC approved course.
- Minimum of 25 hours.
- Course must cover full body training, no regional or limb specific training will count towards initial training.

(2) You must then complete the Dry Needling Attestation form found here including the supervising physician's approval.

(3) Then you must email to the Board's office at AthleticTrainers@alstateboard.com the Attestation form and training certificate validating successful completion of the training course. Once vetted and approved, the applicant will be provided written notice that they may begin to practice dry needling.

Always adhere to best practices for dry needling.

Advisory Council

Alabama Board of Athletic Trainers (ABAT)

And

Alabama State Board of Medical Examiners (ABME)

Definition recommendation:

Dry needling involves the insertion of fine, solid core needles into soft tissues. This technique may be applied to muscular and tendinous structures, scar tissue, and myofascial trigger points to treat pain, spasm, inflammation, and tendinopathy. Dry needling cannot involve the use of therapeutic electrical currents. Excluded targets or sites of therapy include nerves, non-musculoskeletal organs and functions, intra-articular structures, bones, and meridian lines. Dry needling is not acupuncture. At no point should an athletic trainer attempt dry needling of or targeting these excluded sites, nor should an athletic trainer attempt dry needling skills or techniques that exceed or are outside of their training.

Requirements:

- 1) Athletic Trainers must be licensed in Alabama**
- 2) Coursework must be sponsored by a BOC approved provider**
- 3) Must complete a minimum of 25 hours with both 1) face-to-face in nature and 2) included all regions of the body. No extremity specific only courses are allowable.**
- 4) Approval of supervising physician via the athletic trainers' licensure attestation is attached before the practice of Dry Needling is employed.**
- 5) This attestation form is submitted to the Board and written approval of the Board is received before any Dry Needling is employed.**

Alabama Board of Athletic Trainers Dry Needling Attestation Form

Name _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

This form shall be submitted along with the Dry Needling Course Certificate to the Board via email at a
AthleticTrainers@alstateboard.com

Athletic Trainers must submit the required documentation to the Board to meet the regulated qualifications for the practice of dry needling, as described:

1. The athletic trainer must be a licensed athletic trainer within the state of Alabama.
2. The Dry Needling coursework is sponsored by a Board of Certification (BOC) approved provider.
3. The Dry Needling coursework was a minimum of **25 hours** and was **both** 1) face-to-face in nature and 2) included all regions of the body. No extremity specific only courses are allowable.
4. Approval of supervising physician via the athletic trainers' licensure attestation is attained before the practice of Dry Needling is employed.
5. This attestation form is submitted to the Alabama Board of Athletic Trainers and written approval of the Alabama Board of Athletic Trainers is received before Dry Needling is employed.

Name and Location of Course	Course Sponsor BOC Provider Number	Date of Certification	Number of Contact Hours

By signing below, I attest that:

☐ I do hereby swear under penalty of perjury that the below statements and information contained in this document are true and correct.

☐ I do hereby swear that I will not practice Dry Needling outside of, or beyond, my scope of training.

☐ I have attached a certificate of Dry Needling course completion with this attestation form that meets the above requirements.

☐ I attest that I will perform the necessary continuing education to optimize my implementation of Dry Needling for the optimal care and safety of my patients.

Athletic Trainer's Signature

Date

Supervisory Physician's Signature

Date